EVALUATING THE STRUCTURE OF PHARMACOECONOMIC FELLOWSHIP PROGRAMS

Maio V, Lofland JH, Crawford AG
Thomas Jefferson University, Philadelphia, PA, USA

OBJECTIVE: There is limited information about the structure of current pharmacoeconomic fellowship programs. The purpose of this study is to describe the structure of pharmacoeconomic fellowship programs from the fellow perspective.

METHOD: This was an observational cross-sectional web-based study. A questionnaire was administered to fellows currently enrolled in a pharmacoeconomic fellowship program. A list of fellows was identified from the American College of Clinical Pharmacy (ACCP) and the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) directories, and personal contact information. An email, which included a description of the study along with an ISPOR web-site link for accessing the survey, was sent to each identified fellow. In addition, all ISPOR members were sent an email describing the study and an advertisement was posted on the ISPOR web-page to increase survey participation.

RESULTS: A total of 34 fellows completed the web-based survey. Of these, 79% had a PharmD degree before applying for a fellowship program and 79% indicated that the fellowship program was located in at least two sites, predominantly an academic institution and pharmaceutical industry. In terms of available resources, all sites had a medical library, while 88% had computer centers, and only 56% had data analysis centers from clinical studies. Regarding staff qualifications, respondents stated that 97% of preceptors had an advanced degree, such as PharmD or PhD, and 72% had 5 years or more of experience in pharmacoeconomics and outcomes research. In addition, 28% of preceptors had completed at least one fellowship training experience.

CONCLUSIONS: This study described the current structure of pharmacoeconomic fellowship programs from the fellow perspective. Such results may be beneficial for organizations and institutions wishing to modify and improve the structure of their fellowship programs.

THE USE OF DRG-RELATED DATA ON KNEE PROCEDURES IN THE ANALYSIS OF UTILISATION OF RESOURCES BETWEEN BELGIAN HOSPITALS

Putman K1, Corens D1, Nieberding P2, Schots J1, Beeckmans J1
1Centre of Health Economics and Hospital Policy—Vrije Universiteit Brussel, Brussel, Belgium; 2University Hospital—Vrije Universiteit Brussel, Brussel, Belgium; 3Centre of Health Economics and Hospital Policy—University Hospital, Vrije Universiteit Brussel, Brussel, Belgium

Comparison of utilisation of resources between hospitals is a common procedure in benchmarking. Although to be able to compare, homogeneous groups of patients should be selected.

OBJECTIVES: This paper verifies the comparison of utilisation of resources for knee procedures.

METHODS: A sample of 13 hospitals was selected to compare patients who were treated for knee procedures. Only patients admitted in DRG 222 were recruited for the study. Data on utilisation of resources concerning medical procedures, medical imagery, use of drugs and clinical biology was studied.

RESULTS: After data validation 2,076 patients were included in the study. Between the hospitals a significant difference in the use of resources was notified. Nevertheless a general conclusion was too confounding because of the case-mix in the hospitals. Further analysis found that the main reason was the difference in operating technique. The differentiation between groups could not be made on the basis of the ICD-9 code only. Based on the national coding system of procedures additional grouping techniques were possible. Those hospitals in which the arthroscopy is a common technique, the use of resources is significant lower in all the resource domains studied. In the use of conventional radiology, the group of patients with arthroscopy had lower correlations with the volume of resources ($r = .89$ vs. $r = .95$). The analysis of operating procedures showed even more differences in the correlation between the use of resources and the group of patients (with arthroscopy ($r = .409$) versus without arthroscopy ($r = .904$)).

CONCLUSION: When the use of resources is compared between patients with knee procedures it is very important to differentiate in the technique that is used. The use of DRG and ICD-9 codes is not specific enough to make the comparison possible.